


SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Site Name	Name:		
4. Site Location Information	Street Address:		
	City, Town, or Village:		County:
	State:	Country:	Zip Code:
5. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Site Mailing Address	Street or P.O. Box:		
	City, Town, or Village:		
	State:	Country:	Zip Code:
8. Site Contact Person	First Name:		MI:
	Last:		
	Title:		
	Street or P.O. Box:		
	City, Town or Village:		
	State:	Country:	Zip Code:
	Email:		
9. Legal Owner and Operator of the Site	Phone:		Ext.:
	Fax:		
	A. Name of Site's Legal Owner:		Date Became Owner:
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box:		
	City, Town, or Village:		Phone:
	State:	Country:	Zip Code:
	B. Name of Site's Operator:		Date Became Operator:
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☐ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐

- e. United States Importer of Hazardous Waste

Y ☐ N ☐

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☐**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☐**4. Recycler of Hazardous Waste**Y ☐ N ☐**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐**6. Underground Injection Control**Y ☐ N ☐**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☐**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☐**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☐**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐**3. Off-Specification Used Oil Burner**Y ☐ N ☐**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY****Before filling out this section:**

- ❖ You must check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm>.)
- ❖ You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section.
- ❖ You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must satisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).
- ❖ If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

1. Indicate reason for notification. Include dates where requested.

- ☐ Notifying that the facility will begin managing hazardous secondary material as of _____ (mm/dd/yyyy).
- ☐ Re-notifying that the facility is still managing hazardous secondary material.
- ☐ Notifying that the facility has stopped managing hazardous secondary material as of _____ (mm/dd/yyyy).

2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in **short tons** to describe your hazardous secondary material activity ONLY (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25))Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?

EPA ID Number												
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2010 Hazardous Waste Report

**GM
FORM**

WASTE GENERATION AND MANAGEMENT

A. Waste description:

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
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97	98	99	100

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| H | | | |

Density | | | | | ☐ lbs/gal ☐ sg

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 2

Quantity treated, disposed, or recycled on site in 2010

| H | | | |

Quantity treated, disposed, or recycled on site in 2010

 $\begin{array}{|c|} \hline H \\ \hline \end{array}$

A. Was any of this waste shipped off site in 2010 for treatment, disposal, or recycling?

- ☐ Yes (CONTINUE TO ITEM B)
- ☐ No (FORM IS COMPLETE)

B. EPA ID No. of facility to which waste was shipped

Year	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099
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D. Total quantity shipped in 2010

B. EPA ID No. of facility to which waste was shipped

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D. Total quantity shipped in 2010

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B. EPA ID No. of facility to which waste was shipped

1 H | | |

D. Total quantity shipped in 2010

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

EPA ID Number

WR
FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste										
	B. EPA hazardous waste code(s)				C. State hazardous waste code(s)				D. Off-site handler EPA ID number		
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E. Quantity received in 2010				F. UOM				G. Form code		H. Management Method code	
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Waste 2	A. Description of hazardous waste									
	B. EPA hazardous waste code(s)				C. State hazardous waste code(s)				D. Off-site handler EPA ID number	
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Waste 3	A. Description of hazardous waste											
	B. EPA hazardous waste code(s)				C. State hazardous waste code(s)				D. Off-site handler EPA ID number			
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Comments:

